

IC 12-24-19

Chapter 19. Community Care for Individuals With Mental Illness

IC 12-24-19-1

Applicability of chapter

Sec. 1. (a) This chapter applies only to a patient who is transferred or discharged from a state institution administered by the division of mental health and addiction.

(b) This chapter does not apply to any of the following:

- (1) An individual who is admitted to a state institution only for evaluation purposes.
- (2) An individual who is incompetent to stand trial.
- (3) An individual who has a developmental disability (as defined in IC 12-7-2-61).
- (4) An individual in an alcohol and drug services program who is not concurrently diagnosed as mentally ill.
- (5) An individual who has escaped from the facility to which the individual was involuntarily committed.
- (6) An individual who was admitted to a facility for voluntary treatment and who has left the facility against the advice of the attending physician.

As added by P.L.40-1994, SEC.54. Amended by P.L.215-2001, SEC.70.

IC 12-24-19-2

"Case management" defined

Sec. 2. (a) As used in this chapter, "case management" means goal oriented activities that locate, facilitate, provide access to, coordinate, or monitor the full range of basic human needs, treatment, and service resources for individual patients.

(b) The term includes where necessary and appropriate for the patient the following:

- (1) Assessment of the consumer.
- (2) Treatment planning.
- (3) Crisis assistance.
- (4) Providing access to and training the patients to utilize basic community resources.
- (5) Assistance in daily living.
- (6) Assistance for the patient to obtain services necessary for meeting basic human needs.
- (7) Monitoring of the overall service delivery.
- (8) Assistance in obtaining the following:
 - (A) Rehabilitation services and vocational opportunities.
 - (B) Respite care.
 - (C) Transportation.
 - (D) Education services.
 - (E) Health supplies and prescriptions.

As added by P.L.40-1994, SEC.54.

IC 12-24-19-3

Discharge or transfer from institution to least restrictive setting

Sec. 3. A patient shall be discharged or transferred from a state institution to the least restrictive setting:

- (1) when the discharge or transfer is appropriate to the patient's unique needs;
- (2) to prevent unnecessary and inappropriate hospitalization; and
- (3) in accordance with standards of professional practice.

As added by P.L.40-1994, SEC.54.

IC 12-24-19-4**Continuum of care**

Sec. 4. Within the limits of appropriated funds, the division shall provide by written contract a continuum of care in the community for appropriate patients who are discharged or transferred under this chapter that does the following:

- (1) Integrates services.
- (2) Facilitates provision of appropriate services to patients.
- (3) Ensures continuity of care, including case management, so that a patient is not discharged or transferred without adequate and appropriate community services.

As added by P.L.40-1994, SEC.54.

IC 12-24-19-5**Maximization of funding**

Sec. 5. To the extent possible, the director shall maximize the amount of federal funding and other nonstate funds available for providing the continuum of care in the community required by this chapter.

As added by P.L.40-1994, SEC.54.

IC 12-24-19-6**Community services**

Sec. 6. The director shall do the following to facilitate the timely development and delivery of community services:

- (1) Adopt rules under IC 4-22-2.
- (2) Develop policies and administrative practices.

As added by P.L.40-1994, SEC.54.

IC 12-24-19-7**Transitional care**

Sec. 7. (a) As used in this section, "transitional care" means temporary treatment services to facilitate an individual's:

- (1) transfer from a mental health institution to a community residential setting; or
- (2) discharge from a mental health institution.

(b) The transitional care program shall assist consumers in making a smooth adjustment to community living and operate in collaboration with a managed care provider of services in the consumer's home area.

(c) Resources for the program shall come from the total appropriation for the facility, and may be adjusted to meet the needs of consumer demand by the director.

(d) Each state institution administered by the division of mental health and addiction shall establish a transitional care program with adequate staffing patterns and employee skill levels for patients' transitional care needs where clinically appropriate.

(e) The transitional care program shall be staffed by transitional care specialists and at least one (1) transitional care case manager.

(f) A transitional care case manager must have at least a bachelor's degree and be trained in transitional care.

(g) Psychiatric attendants working in this program shall be trained, classified, and compensated as appropriate for a transitional care specialist.

As added by P.L.40-1994, SEC.54. Amended by P.L.215-2001, SEC.71.